

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 478
Registered No. 1113

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 1113 Live Oak St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Seferino Rubio
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 5. No., in order of birth. _____
6. Legitimate? yes 7. Date of birth August 1 1930
Month Day Year

8. FATHER
Full name Augustin Rubio
9. Residence (Usual place of abode) Miami, Ariz.
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 28 (Years)

12. Birthplace (city or place) _____
(State or country) Mexico

13. Occupation miner
Nature of Industry Copper

14. MOTHER
Full maiden name Concha Flores
15. Residence (Usual place of abode) Miami, Ariz.
If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Morenci
(State or country) Arizona

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother. _____
(Taken as of time of birth of child herein certified and including this child.) } (a) Born alive and now living. 4
(b) Born alive but now dead. 6
(c) Stillborn. 6

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8:10 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. Miller
(Physician or midwife)

Given name added from a supplementl report _____ Address Miami, Arizona

Month, day, year

Filed Aug 17 1930 Registrar. Ge. E. Jones

296-801-362